In re Sherri Diane Bannister		
Case N	Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)		☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MC	ONTHLY INCOM	ME FOR § 707(b)(7	7) EXCL	USION	
	Marital/filing status. Check the box that applies and	d complete the balance	e of this part of this state	ment as dir	ected.	
	a. Unmarried. Complete only Column A ("Deb	ines 3-11.				
2	b. Married, not filing jointly, with declaration of "My spouse and I are legally separated under appurpose of evading the requirements of § 707(b for Lines 3-11.	pplicable non-bankrup	tcy law or my spouse an	d I are livin	g apart oth	er than for the
	c. Married, not filing jointly, without the declara ("Debtor's Income") and Column B ("Spouse	e's Income") for Line	es 3-11.		_	
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("All figures must reflect average monthly income received from all sources, derived during the six					
	calendar months prior to filing the bankruptcy case,			Colun	ın A	Column B
	the filing. If the amount of monthly income varied disix-month total by six, and enter the result on the app	during the six months,		Debte Inco		Spouse's Income
3	Gross wages, salary, tips, bonuses, overtime, com	missions.		\$	282.39	3
4	Income from the operation of a business, profession enter the difference in the appropriate column(s) of I business, profession or farm, enter aggregate number not enter a number less than zero. Do not include at Line b as a deduction in Part V.	Line 4. If you operate rs and provide details	more than one on an attachment. Do			
		Debtor	Spouse			
	-	\$ 0.00				
	The state of the s	\$ 0.00 S		Φ.	0.00	
		Subtract Line b from I		\$	0.00 \$	•
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.					
3	a. Gross receipts	Debtor 0.00	Spouse \$			
		\$ 0.00				
		Subtract Line b from I		\$	0.00 \$	3
6	Interest, dividends, and royalties.			\$	0.00 \$	6
7	Pension and retirement income.			\$	251.47	6
8	Any amounts paid by another person or entity, on expenses of the debtor or the debtor's dependents purpose. Do not include alimony or separate mainte spouse if Column B is completed. Each regular paying a payment is listed in Column A, do not report that	s, including child support chance payments or an ment should be reported	port paid for that nounts paid by your ed in only one column;	\$	0.00	3
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compensation under the Social Security Act, do not list the or B, but instead state the amount in the space below	nsation received by yo amount of such comp	ou or your spouse was a			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	\$ 0.00 Spo	ouse \$	\$	0.00 \$	3
10	Income from all other sources. Specify source and on a separate page. Do not include alimony or sepa spouse if Column B is completed, but include all o maintenance. Do not include any benefits received a received as a victim of a war crime, crime against hu domestic terrorism.	nrate maintenance pay other payments of alin under the Social Secur	yments paid by your nony or separate rity Act or payments			
	a. Inheritance	\$ 300.00	-			
		\$ 1,670.83				
	Total and enter on Line 10			\$ 1	,970.83	5
11	Subtotal of Current Monthly Income for § 707(b)	(7). Add Lines 3 thru	10 in Column A, and, if otal(s).	\$ 2	,504.69	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		2,504.69			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	30,056.28			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 1	\$	52,724.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

			is statement only if req	•	•
	Part IV. CALCUL	ATION OF CURRE	NT MONTHLY INCO	ME FOR § 707(b)(2)
16	Enter the amount from Line 12.				\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did				
18	Current monthly income for § 70	7(b)(2). Subtract Line 17	from Line 16 and enter the res	ult.	\$
	Part V. C	ALCULATION OF	DEDUCTIONS FROM	INCOME	
	Subpart A: De	ductions under Standa	rds of the Internal Reven	ue Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older				
	a1. Allowance per person	a2.	Allowance per person		
	b1. Number of persons	b2.	Number of persons		
	c1. Subtotal	c2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42		
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$
	Local Standards: transportation; vehicle operation/public transpo You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expens	f whether you pay the expenses of operating a	
22A	included as a contribution to your household expenses in Line 8		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.		
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$	
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inc security taxes, and Medicare taxes. Do not include real estate or sale	spense that you actually incur for all federal, ome taxes, self employment taxes, social	\$

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta	as retirement contributions, union dues, and uniform costs.	\$		
27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums fo any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in l	ency, such as spousal or child support payments. Do not	\$		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre-		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$		
	Note: Do not include any exp Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonab dependents.				
34	a. Health Insurance	\$			
!	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state y below: \$	our actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or fa expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	and necessary care and support of an elderly, chronically	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly ame Standards for Housing and Utilities, that you actually exp trustee with documentation of your actual expenses, and claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$156.25* per child, for atten school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS St.	dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and	\$		
	1		l		

 $^{^*}$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			Enter the amount that you will continuous Enter the			e form of cash or	\$
41	Total	Additional Expense Deductio	ns under § 707(b). Enter the total of I	Lines 3	34 through 40		\$
			Subpart C: Deductions for De	bt Pa	ayment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt			Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				-	otal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor			\$			
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.			\$			
			s. If you are eligible to file a case under y the amount in line b, and enter the res				
45	a. b.	issued by the Executive Office information is available at we the bankruptcy court.)	hapter 13 plan payment. istrict as determined under schedules the for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of the expense of chapter 13 case	X	al: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$			
	Subpart D: Total Deductions from Income						
47	Total	of all deductions allowed und	er § 707(b)(2). Enter the total of Lines	33, 4	1, and 46.		\$
		Part VI. D	ETERMINATION OF § 707()	b)(2)	PRESUMPT	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cu	urrent monthly income for § 707(b)(2)	3))			\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				\$		
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 a	nd enter the resu	lt.	\$
51	60-m	_	§ 707(b)(2). Multiply the amount in Li	ine 50	by the number (60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as directed.				
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for statement, and complete the verification in Part VIII. You may also complete Pa				
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. C	omplete the remainder of Part VI	(Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	er 0.25 and enter the result.	\$		
	Secondary presumption determination. Check the applicable box and proceed	as directed.	•		
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	for "The presumption does not ar	ise" at the top of page 1		
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may		otion arises" at the top		
	Part VII. ADDITIONAL EXPENSE	E CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stated i you and your family and that you contend should be an additional deduction froi 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses.	n your current monthly income ur	ider §		
	Expense Description	Monthly Amo	unt		
	a.	\$			
	b.	\$			
	C.	\$			
	d.	\$			
	Total: Add Lines a, b, c, and d	\$			
	Part VIII. VERIFICATIO	N			
	I declare under penalty of perjury that the information provided in this statement	is true and correct. (If this is a jo	int case, both debtors		
	must sign.) Date: June 21, 2013 Signatu	are: /s/ Sherri Diane Bannisto	ar		
57	Signate	Sherri Diane Bannister	<u> </u>		
		(Debtor)			

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2012 to 05/31/2013.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Windermere

Income by Month:

6 Months Ago:	12/2012	\$600.00
5 Months Ago:	01/2013	\$0.00
4 Months Ago:	02/2013	\$711.31
3 Months Ago:	03/2013	\$0.00
2 Months Ago:	04/2013	\$0.00
Last Month:	05/2013	\$383.00
	Average per month:	\$282.39

Line 7 - Pension and retirement income

Source of Income: Alaska Airlines Retirement Fund

Income by Month:

6 Months Ago:	12/2012	\$251.47
5 Months Ago:	01/2013	\$251.47
4 Months Ago:	02/2013	\$251.47
3 Months Ago:	03/2013	\$251.47
2 Months Ago:	04/2013	\$251.47
Last Month:	05/2013	\$251.47
	Average per month:	\$251.47

Line 10 - Income from all other sources

Source of Income: Gifts from mother

Income by Month:

6 Months Ago:	12/2012	\$0.00
5 Months Ago:	01/2013	\$0.00
4 Months Ago:	02/2013	\$2,400.00
3 Months Ago:	03/2013	\$2,400.00
2 Months Ago:	04/2013	\$2,400.00
Last Month:	05/2013	\$2,400.00
	Average per month:	\$1,600.00

Line 10 - Income from all other sources

Source of Income: Inheritance

Income by Month:

6 Months Ago:	12/2012	\$1,800.00
5 Months Ago:	01/2013	\$0.00
4 Months Ago:	02/2013	\$0.00
3 Months Ago:	03/2013	\$0.00
2 Months Ago:	04/2013	\$0.00
Last Month:	05/2013	\$0.00
	Average per month:	\$300.00

Line 10 - Income from all other sources

Source of Income: Sale of household items and furniture

Income by Month:

6 Months Ago:	12/2012	\$175.00
5 Months Ago:	01/2013	\$250.00
4 Months Ago:	02/2013	\$0.00
3 Months Ago:	03/2013	\$0.00
2 Months Ago:	04/2013	\$0.00
Last Month:	05/2013	\$0.00
	Average per month:	\$70.83